



South Carolina Department of Insurance

Capital Center
1201 Main Street, Suite 1000
Columbia, South Carolina 29201

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P. O. Box 100105, Columbia, SC 29202-3105
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MARK SANFORD
Governor

SCOTT RICHARDSON
Director of Insurance

APPLICATION FOR PRELICENSING SPONSOR APPROVAL

To Conduct Bail Bondsman/Runner Prelicensing Education

1. New Application _____ Renewal Application _____
2. Name of School _____
Telephone () _____ Fax Number () _____ Email address _____
3. School Mailing Address _____
4. Type of School (Check One)
____ College/University ____ Insurance Agency ____ Insurance Company
____ Insurance Trade Association ____ Private Organization
5. Name of Textbook _____
Publisher of Textbook _____
Edition Date and Number _____
6. I certify that I will make Licensing Guides available to candidates enrolled in the school. These guides can be ordered from Prometric.

Signature of Program Director

Name of Program Director (please print)

7. Location(s) where course(s) are to be conducted (provide name of facility and complete address). If additional space is necessary, attach additional paper.
 1. _____
 2. _____
 3. _____
8. Full name and Social Security Number of instructor(s) and the course(s) they will be teaching. . If additional space is necessary, attach additional paper. (Instructor Application SCID Form 3618 must be submitted for each instructor)
 1. _____
 2. _____
 3. _____

9. Has anyone in your organization ever been the subject of disciplinary action, including suspension, cancellation or revocation by an Insurance Department, Governmental entity, or other licensing authority? ☐ Yes ☐ No If yes, attach a statement providing complete details.
Has anyone in your organization ever been convicted, pled guilty or no contest or any criminal proceeding? ☐ Yes ☐ No If yes, attach a statement providing complete details.
Has anyone in your organization ever been charged by an entity with misappropriation, conversion or withholding money? ☐ Yes ☐ No If yes, attach a statement providing complete details.

12. Name of School/Company President or Chief Academic/Operating Officer

_____	_____	(____)_____
Name (Print or Type)	Title	Email address
_____	(____)_____	(____)_____
Business Address	Telephone Number	Fax Number

I certify that the school and instructors will comply with South Carolina insurance laws and regulations relating to the conduct of prelicensing education courses.

Signature